

# **EXHIBIT R**

**HCPCS Drug Pricing File**  
Effective April 2003

HCPCS	Description	Unit of Measure	95% of AWP	* Price Change	** Status	***Obsolete Code
90371	HEPATITIS B IG, IM	Per dose	\$649.80			
90375	RABIES IG, IM/SC	Per dose	72.85			
90376	RABIES IG, HEAT TREATED	Per dose	75.84			
90379	RESPIRATORY SYNCYTIAL VIRUS IG, IV	Per dose	16.55			
90385	RHO(D) IG (RHLG), MINIDOSE, IM	Per dose	35.91	L	D	
90685	BACILLUS CALMETTE- GUERIN VACCINE, PERCUTANEOUS	Per dose	160.13	L		
90632	HEPATITIS A VACCINE, ADULT IM	Per dose	61.05			
90633	HEPATITIS A VACCINE, PED/ADOL, 2 DOSE	Per dose	29.80			
90634	HEPATITIS A VACCINE, PED/ADOL, 3 DOSE	Per dose	29.80			
90645	HEMOPHILUS INFLUENZA B VACCINE, HBOC, IM	Per dose	24.32			
90675	RABIES VACCINE, IM	Per dose	142.15	H		
90691	TYPHOID VACCINE, IM	Per dose	40.77			
90700	DIPHTHERIA, TETANUS TOXOIDS VACCINE, IM	Per dose	22.41			
90703	TETANUS VACCINE, IM	Per dose	8.32			
90704	MUMPS VACCINE, SC	Per dose	17.85			
90705	MEASLES VACCINE, SC	Per dose	14.41	H		
90706	RUBELLA VACCINE, SC	Per dose	16.05			
90707	MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, SC	Per dose	39.05	H		
90713	POLIOVIRUS VACCINE, IPV, SC	Per dose	25.71	H		
90716	CHICKEN POX VACCINE, SC	Per dose	64.67	H		
90717	YELLOW FEVER VACCINE, SC	Per dose	57.44			
90718	TETANUS AND DIPHTHERIA TOXOIDS VACCINE > 7, IM	Per dose	9.03			
90720	DIPHTHERIA, TETANUS TOXOIDS, & WHOLE CELL PERTUSSIS VACCINE, & HEMOPHILUS INFLUENZA B VACCINE, IM	Per dose	37.59			
90721	DIPHTHERIA, TETANUS TOXOIDS, & ACCELLULAR PERTUSSIS VACCINE, & HEMOPHILUS INFLUENZA B VACCINE, IM	Per dose	44.66			
90732	PNEUMOCOCCAL VACCINE	Per dose	13.10			
90733	MENINGOCOCCAL VACCINE, SC	Per dose	65.56			
90735	ENCEPHALITIS VACCINE, SC	Per dose	77.44			
90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT, 3 DOSE IM	Per dose	110.92			
90743	HEPATITIS B VACCINE, ADOL, 2 DOSE, IM	Per dose	27.05	H		
90744	HEPATITIS B VACCINE, PED/ADOL, 3 DOSE IM	Per dose	27.05	H		
90746	HEPATITIS B VACCINE, ADULT, IM	Per dose	55.46			
90747	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT, 4 DOSE IM	Per dose	110.92			
90130	INJECTION ABCIXIMAB, 10 MG	10 mg	513.02			
90150	INJECTION ADENOSINE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE)	6 mg	38.89	H		
90151	INJECTION ADENOSINE, 90 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE)	90 mg	223.19			
90170	INJECTION ADRENALIN, EPINEPHRINE, UP TO 1 ML AMPULE	Up to 1 ml	2.35	H		
90200	INJECTION ALATROFLOXACIN MESYLATE, 100 MG	100 mg	19.04			
90205	INJECTION ALGLUCERASE, PER 10 UNITS	Per 10 units	37.53			
90207	INJECTION AMIFOSTINE, 500 MG	500 mg	452.97	H		
90210	INJECTION METHYLDOPATE HCL, UP TO 250 MG	Up to 250 mg	11.88	H		
90256	INJECTION ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG	10 mg	2.66	H		
90280	INJECTION AMINOPHYLLIN, UP TO 250 MG	Up to 250 mg	1.19	H		
90282	INJECTION AMIODARONE HYDROCHLORIDE, 30 MG	30 mg	20.08			
90285	INJECTION AMPHOTERICIN B, 50 MG	50 mg	11.06			
90286	INJECTION AMPHOTERICIN B, ANY LIPID FORMULATION, 50 MG	50 mg	88.66		D	
90287	INJECTION AMPHOTERICIN B LIPID COMPLEX, 10 MG	10 mg	21.85			

\* H = Higher  
L = Lower  
\*\* A = New Code  
D = Discontinued Code  
\*\*\*N = No sources available

**HCPCS Drug Pricing File**  
Effective April 2003

HCPCS	Description	Unit of Measure	95% of AWP	* Price Change	** Status	***Obsolete Code
J0288	INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG	10 mg	15.20			
J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	10 mg	35.80			
J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	500 mg	1.65			
J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 GM	1.5 g	7.42			
J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	Up to 125 mg	2.39			
J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	Up to 20 mg	0.13			
J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	Up to 20 mg	16.04	L		
J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	10 mg	1.27			
J0390	INJECTION, CHLOROQUINE HYDROCHLORIDE, UP TO 250 MG	Up to 250 mg	19.68			
J0395	INJECTION, ARBUTAMINE HCL, 1 MG	1 mg	182.40			N
J0456	INJECTION, AZITHROMYCIN, 500 MG	500 mg	24.68			
J0460	INJECTION, ATROPINE SULFATE, UP TO 0.3 MG	Up to 0.3 mg	0.83			
J0470	INJECTION, DIMERCAPROL, PER 100 MG	100 mg	23.67			
J0475	INJECTION, BACLOFEN, 10 MG	10 mg	215.41			
J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	50 mcg	79.80			
J0500	INJECTION, DICYCLOMINE HCL, UP TO 20 MG	Up to 20 mg	15.90			
J0515	INJECTION, BENTROPINE MESYLATE, PER 1 MG	Per 1 mg	3.90			
J0520	INJECTION, BETHANECHOL CHLORIDE, MYOTONACHOL OR URECHOLINE, UP TO 5 MG	Up to 5 mg	5.34			N
J0530	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 600,000	Up to 600,000 units	11.92	H		
J0540	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 1,200,000	Up to 1,200,000 units	20.89			
J0550	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, UP TO 2,400,000	Up to 2,400,000 units	50.12	H		
J0560	INJECTION, PENICILLIN G BENZATHINE, UP TO 600,000 UNITS	Up to 600,000 units	5.65			
J0570	INJECTION, PENICILLIN G BENZATHINE, UP TO 1,200,000 UNITS	Up to 1,200,000 units	5.65			
J0580	INJECTION, PENICILLIN G BENZATHINE, UP TO 2,400,000 UNITS	Up to 2,400,000 units	11.31			
J0585	BOTULINUM TOXIN TYPE A, PER UNIT	Per unit	4.66			
J0587	BOTULINUM TOXIN TYPE B, PER 100 UNITS	Per 100 units	8.79			
J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	0.1 mg	0.97			
J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	Up to 1000 mg	40.09			
J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	Per 10 ml	1.18	H		
J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML	Per 10 ml	5.99			
J0630	INJECTION, CALCIOTIN SALMON, UP TO 400 UNITS	Up to 400 units	38.41			
J0635	INJECTION, CALCITRIOL, 1 MCG AMP	1 mcg	13.82		D	
J0636	INJECTION, CALCITRIOL, 0.1 MCG	0.1 mcg	1.38			
J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	5 mg	31.47			
J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	50 mg	17.52			
J0670	INJECTION, MEPRIVACAINE HYDROCHLORIDE, PER 10 ML	10 ml	1.99			
J0690	INJECTION, CEFZOLIN SODIUM, 500 MG	500 mg	1.74			
J0692	INJECTION, CEFEPIME HYDROCHLORIDE, 500 MG	500 mg	8.13			
J0694	INJECTION, CEFOTITIN SODIUM, 1 GM	1 g	10.69			
J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	250 mg	14.92			
J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	750 mg	6.42			
J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	Per g	10.45			
J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 mg	3 mg	3.89			
J0704	INJECTION, BETAMETHASONE SODIUM PHOSPHATE, PER 4 MG	4 mg	2.26			
J0706	INJECTION, CAFFEINE CITRATE, 5MG	5 mg	3.24			
J0713	INJECTION, CEFTAZIDIME, PER 500 MG	500 mg	6.75			

\* H = Higher

**HCPCS Drug Pricing File**  
Effective April 2003

HCPCS	Description	Unit of Measure	95% of AWP	* Price Change	** Status	***Obsolete Code
J0715	INJECTION, CEFTRIAXIME SODIUM, PER 500 MG	500 mg	4.96			
J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	Up to 1 g	6.81			
J0725	INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS	Per 1,000 USP units	1.62			
J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	1 mg	55.16			
J0740	INJECTION, CIDOFOVIR, 375 MG	375 mg	843.60	H		
J0743	INJECTION, CLASTATIN SODIUM, IMIPENEM, PER 250 MG	Per 250 mg	15.87			
J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	200 mg	14.83			
J0745	INJECTION, CODEINE PHOSPHATE, PER 30 MG	Per 30 mg	0.48			
J0760	INJECTION, COLCHICINE, PER 1MG	1 mg	7.07			
J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	Up to 150 mg	54.15			
J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	Up to 10 mg	4.90	H		
J0835	INJECTION, COSYNTROPIN, PER 0.25 MG	0.25 mg	18.24	H		
J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	Per vial	702.33			
J0880	INJECTION, DARBEPOETIN ALFA, 5 MCG	5 mcg	23.69			
J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG	500 mg	14.81			
J0900	INJECTION, TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC	Up to 1 cc	1.63			
J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	Per 10 mg	0.87			
J0970	INJECTION, ESTRADIOL VALERATE, UP TO 40 MG	Up to 40 mg	1.62			
J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	Up to 5 mg	0.81			
J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	20 mg	2.55			
J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	40 mg	4.30	L		
J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	80 mg	5.18	L		
J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 100 MG	100 mg	9.96		D	
J1051	INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG	50 mg	4.98			
J1056	INJECTION, MEDROXYPROGESTERONE ACETATE / ESTRADIOL CYPIONATE, 5MG / 25MG	5 mg/25 mg	25.64			
J1060	INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML	Up to 1 ml	4.65	H		
J1070	INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG	Up to 100 mg	5.15			
J1080	INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG	1 cc, 200 mg	8.94			
J1094	INJECTION, DEXAMETHASONE ACETATE, 1 MG	1 mg	0.29			
J1095	INJECTION, DEXAMETHASONE ACETATE, PER 8 MG	8 mg	2.31			
J1100	INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1MG	Per 1 mg	0.10		D	
J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	1 mg	33.01	H		
J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	Up to 500 mg	29.64			
J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	Up to 0.5 mg	1.79			
J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	Per 50 mg	0.86			
J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	Up to 4 mg	1.55			
J1180	INJECTION, DYPHYLLINE, UP TO 500 MG	Up to 500 mg	9.02			
J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	Per 250 mg	226.08			
J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	Up to 50 mg	1.61			
J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	Per 500 mg	10.49			
J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML	50%, 50 ml	44.60	H		
J1230	INJECTION, METHADONE HCL, UP TO 10 MG	Up to 10 mg	0.75			
J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	Up to 50 mg	0.39			
J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	Per 10 mg	21.89			
J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	Per 250 mg	4.74	H		
J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	10 mg	16.45	H		

\* H = Higher

**HCPCS Drug Pricing File**  
Effective April 2003

HCPCS	Description	Unit of Measure	95% of AWP	* Price Change	** Status	***Obsolete Code
J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	1 mcg	4.58			
J1320	INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG	Up to 20 mg	2.40			
J1325	INJECTION, EPOPROSTENOL, 0.5 MG	0.5 mg	18.06			
J1327	INJECTION, EPTIFIBATIDE, 5 MG	5 mg	12.83			
J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	Per 500 mg	3.51			
J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	Up to 10 mg	0.48			
J1390	INJECTION, ESTRADIOL VALERATE, UP TO 20 MG	Up to 20 mg	0.95			
J1410	INJECTION, ESTROGEN CONJUGATED, PER 25 MG	Per 25 mg	56.75			
J1435	INJECTION, ESTRONE, PER 1 MG	Per 1 mg	0.19			
J1436	INJECTION, ETIDRONATE DISODIUM, PER 300 MG	Per 300 mg	76.95	H		
J1438	INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	25 mg	155.16	H		
J1440	INJECTION, FILGRASTIM (G-CSF), 300 MCG	300 mcg	185.90			
J1441	INJECTION, FILGRASTIM (G-CSF), 480 MCG	480 mcg	314.07			
J1450	INJECTION, FLUCONAZOLE, 200 MG	200 mg	92.68			
J1452	INJECTION, FOMIVIRSEN SODIUM, INTRACULAR, 1.65 MG	1.65 mg	950.00			
J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	Per 1000 mg	12.08			
J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	1 cc	11.40			
J1470	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 2 CC	2 cc	22.80			
J1480	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 3 CC	3 cc	34.20			
J1490	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 4 CC	4 cc	45.60			
J1500	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 5 CC	5 cc	57.00			
J1510	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 6 CC	6 cc	68.40			
J1520	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 7 CC	7 cc	79.80			
J1530	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 8 CC	8 cc	91.20			
J1540	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 9 CC	9 cc	102.60			
J1550	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 10 CC	10 cc	114.00			
J1561	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 500 MG	500 mg	42.75		D	
J1563	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, 1G	1 g	76.00	H		
J1564	INJECTION, IMMUNE GLOBULIN, 10 MG	10 mg	0.86			
J1565	INJECTION, RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN, INTRAVENOUS, 50 MG	50 mg	16.55			
J1570	INJECTION, GANCICLOVIR SODIUM, 500 MG	500 mg	35.25			
J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	Up to 80 mg	1.95			
J1590	INJECTION, GATIFLOXACIN, 10MG	10 mg	0.91			
J1600	INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG	Up to 50 mg	13.52			
J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	Per 1 mg	45.60	H		
J1620	INJECTION, GONADORELIN HYDROCHLORIDE, PER 100 MCG	Per 100 mcg	201.98			
J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	100 mcg	18.54			
J1630	INJECTION, HALOPERIDOL, UP TO 5 MG	Up to 5 mg	7.32			
J1631	INJECTION, HALOPERIDOL DECANOATE, PER 50 MG	Per 50 mg	25.08	H		
J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	Per 10 units	0.06			
J1644	INJECTION, HEPARIN SODIUM, PER 1000 UNITS	Per 1000 units	0.35			
J1645	INJECTION, DALTEPARIN SODIUM, PER 2500 IU	Per 2500 IU	15.44			
J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	10 mg	5.81	H		
J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	0.5 mg	8.27			
J1655	INJECTION, TINZAPARIN SODIUM, 1000 IU	1000 IU	3.83			
J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	Up to 250 units	118.75	H		

\* H = Higher



**HCPCS Drug Pricing File**  
Effective April 2003

HCPCS	Description	Unit of Measure	95% of AWP	* Price Change	** Status	***Obsolete Code
J1700	INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG	Up to 25 mg	0.34			
J1710	INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG	Up to 50 mg	5.57			N
J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	Up to 100 mg	1.73			
J1730	INJECTION, DIAZOXIDE, UP TO 300 MG	Up to 300 mg	122.95			
J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	1 mg	261.82			
J1745	INJECTION, INFLIXIMAB, 10 MG	10 mg	65.70			
J1750	INJECTION, IRON DEXTRAN, 50 MG	50 mg	17.91			
J1755	INJECTION, IRON SUCROSE, 20MG	20 mg	13.07		D	
J1756	INJECTION, IRON SUCROSE, 1 MG	1 mg	0.66			
J1785	INJECTION, IMIGLUCERASE, PER UNIT	Per unit	3.75			
J1790	INJECTION, DROPERIDOL, UP TO 5 MG	Up to 5 mg	1.58			
J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	Up to 1 mg	11.63			
J1810	INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE	Up to 2 ml	9.44			N
J1815	INJECTION, INSULIN, PER 5 UNITS	Per 5 units	0.10			
J1820	INJECTION, INSULIN, UP TO 100 UNITS	Up to 100 units	1.81		D	
J1835	INJECTION, ITRACONAZOLE, 50 MG	50 mg	35.12			
J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	Up to 500 mg	3.30			
J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	Up to 75 mg	0.49			
J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	Per 15 mg	5.75			
J1890	INJECTION, CEPHALOTHIN SODIUM, UP TO 1 GRAM	Up to 1 g	10.26			
J1910	INJECTION, KUTAPRESSIN, UP TO 2 ML	Up to 2 ml	14.92			
J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	Up to 20 mg	1.01			
J1950	INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG	3.75 mg	508.48			
J1955	INJECTION, LEVOCARITINE, PER 1 GM	Per 1 g	34.20			
J1966	INJECTION, LEVOFLOXACIN, 250 MG	250 mg	19.66			
J1960	INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG	Up to 2 mg	3.76			
J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	Up to 0.25 mg	8.23			
J1990	INJECTION, CHLORDIAZEPOXIDE HCL, UP TO 100 MG	Up to 100 mg	24.99			
J2000	INJECTION, LIDOCAINE HCL, 50 CC	50 cc	3.99	L		
J2010	INJECTION, LINCOMYCIN HCL, UP TO 300 MG	Up to 300 mg	3.32			
J2020	INJECTION, LINEZOLID, 200MG	200 mg	38.33			
J2060	INJECTION, LORAZEPAM, 2 MG	2 mg	3.14			
J2150	INJECTION, MANNITOL, 25% IN 50 ML	25% in 50 ml	5.23			
J2175	INJECTION, MEPERIDINE HYDROCHLORIDE, PER 100 MG	Per 100 mg	0.56			
J2180	INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG	Up to 50 mg	4.61			
J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	Up to 0.2 mg	3.88			
J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	Per 1 mg	1.41			
J2260	INJECTION, MILRINONE LACTATE, 5 MG	Per 5 ml	51.58			
J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	Up to 10 mg	0.72			
J2271	INJECTION, MORPHINE SULFATE, 100MG	100 mg	13.85			
J2275	INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG	Per 10 mg	2.38			
J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG	Per 10 mg	1.49	H		
J2310	INJECTION, NALOXONE HYDROCHLORIDE, PER 1 MG	Per 1 mg	2.37	H		
J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	Up to 50 mg	5.46	H		
J2321	INJECTION, NANDROLONE DECANOATE, UP TO 100 MG	Up to 100 mg	10.73	H		
J2322	INJECTION, NANDROLONE DECANOATE, UP TO 200 MG	Up to 200 mg	21.28	H		

\* H = Higher

**HCPCS Drug Pricing File**  
Effective April 2003

HCPCS	Description	Unit of Measure	95% of AWP	* Price Change	** Status	*** Obsolete Code
J2324	INJECTION, NESIRITIDE, 0.5 MG	0.5 mg	144.40			
J2352	INJECTION, OCTREOTIDE ACETATE, 1 MG	1 mg	88.69			
J2355	INJECTION, OPRELVEKIN, 5 MG	5 mg	256.63			
J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	Up to 60 mg	5.42			
J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	Up to 1 ml	2.13			
J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	30 ml	6.39			
J2405	INJECTION, ONDANSETRON HYDROCHLORIDE, PER 1 MG	Per 1 mg	6.09			
J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	Up to 1 mg	2.95	H		
J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG	30 mg	275.50			
J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	Up to 60 mg	5.93			
J2460	INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG	Up to 50 mg	0.98			
J2500	INJECTION, PARICALCITOL, 5 MCG	5 mcg	25.09		D	
J2501	INJECTION, PARICALCITOL, 1 MCG	1 mcg	5.02			
J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	Up to 600,000 units	9.05			
J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	Per 50 mg	0.55			
J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	Up to 600,000 units	3.76			
J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 GRAM/0.125 GRAMS (1.125	1 g/0.125 g	4.87			
J2545	PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, PER 300 MG, ADMINISTERED THROU	Per 300 mg	93.81			
J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	Up to 50 mg	2.24			
J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	Up to 120 mg	1.62			
J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	Up to 10 units	1.16			
J2597	INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG	Per 1 mcg	4.12			
J2650	INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML	Up to 1 ml	0.31			
J2670	INJECTION, TOLAZOLINE HCL, UP TO 25 MG	Up to 25 mg	3.92			
J2675	INJECTION, PROGESTERONE, PER 50 MG	Per 50 mg	3.69		A	
J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG	Up to 25 mg	13.89			
J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	Up to 1 g	1.52	L		
J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	Up to 250 mg	0.80			
J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	Up to 0.5 mg	2.32			
J2720	INJECTION, PROTIRELIN, PER 10 MG	Per 10 mg	0.76			
J2725	INJECTION, PROTIRELIN, PER 250 MCG	250 mcg	24.40			
J2730	INJECTION, PRALDOXIME CHLORIDE, UP TO 1 GM	Up to 1 g	102.96			
J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	Up to 5 mg	32.59			
J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	Up to 10 mg	1.90			
J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	25 mg	105.12			
J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	50 mcg	35.91			
J2790	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, FULL DOSE, 300 MCG	One dose package	105.45			
J2792	INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 1(	One dose package	20.55			
J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	1 mg	0.07			
J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	Up to 10 ml	3.80			
J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	50 mcg	29.06			
J2910	INJECTION, AUROTIOGLUCOSE, UP TO 50 MG	50 mg	15.93			
J2912	INJECTION, SODIUM CHLORIDE, 0.9%, PER 2 ML	0.9% per 2 ml	0.49			
J2915	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 62.5 MG	62.5 mg	40.85		D	
J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	12.5 mg	8.17			

\* H = Higher

**HCPCS Drug Pricing File**  
Effective April 2003

HCPCS	Description	Unit of Measure	95% of AWP	* Price Change	** Status	***Obsolete Code
J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	Up to 40 mg	1.58			
J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	Up to 125 mg	1.92			
J2940	INJECTION, SOMATREM, 1 MG	1 mg	45.56			
J2941	INJECTION, SOMATROPIN, 1 MG	1 mg	43.74	L		
J2950	INJECTION, PROMAZINE HCL, UP TO 25 MG	Up to 25 mg	0.46			
J2993	INJECTION, RETEPLASE, 18.1 MG	18.1 mg	1306.25			
J2995	INJECTION, STREPTOKINASE, PER 250,000 IU	250,000 IU	89.06	L		
J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	1 mg	35.63			
J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	Up to 1 g	6.35			
J3010	INJECTION, FENTANYL CITRATE, 0.1 MG	0.1 mg	1.97			
J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN	6 mg	26.56			
J3070	INJECTION, PENTAZOCINE, 30 MG	Up to 30 mg	5.23			
J3100	INJECTION, TENECTEPLASE, 50MG	50 mg	2612.50			
J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	Up to 1 mg	29.39			
J3120	INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG	Up to 100 mg	8.12	H		
J3130	INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG	Up to 200 mg	16.25			
J3140	INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG	Up to 50 mg	0.40			N
J3150	INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG	Up to 100 mg	0.94			
J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	Up to 50 mg	4.40	H		
J3240	INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL	0.9 mg	566.68			
J3245	INJECTION, TIROFIBAN HYDROCHLORIDE, 12.5 MG	12.5 mg	462.16			
J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	Up to 200 mg	1.55			
J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	Up to 80 mg	5.84	L		
J3265	INJECTION, TORESEMIDE, 10 MG/ML	10 mg/ml	1.42			
J3280	INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG	Up to 10 mg	5.52	H		
J3301	INJECTION, TRIAMCINOLONE ACETONIDE, PER 10MG	Per 10 mg	1.52			
J3302	INJECTION, TRIAMCINOLONE DIACETATE, PER 5MG	Per 5 mg	0.34	H		
J3303	INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5MG	Per 5 mg	1.01			
J3305	INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG	Per 25 mg	142.50			
J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	3.75 mg	415.24			
J3320	INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 GM	Up to 2 g	26.80			
J3360	INJECTION, DIAZEPAM, UP TO 5 MG	Up to 5 mg	3.77			
J3364	INJECTION, UROKINASE, 5000 IU VIAL	5,000 IU vial	56.61			
J3365	INJECTION, IV, UROKINASE, 250,000 I.U. VIAL	250,000 IU vial	511.50			
J3370	INJECTION, VANCOMYCIN HCL, 500 MG	500 mg	7.41			
J3395	INJECTION, VERTEPORFIN, 15MG	15 mg	1458.25			
J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	Up to 25 mg	0.83			
J3420	INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1000 MCG	Up to 1,000 mcg	1.19	L		
J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	Per 1 mg	2.45			
J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG	Per 500 mg	0.14	H		
J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	Per 2 mEq	0.08			
J3485	INJECTION, ZIDOVUDINE, 10 MG	10 mg	1.02			
J3487	INJECTION, ZOLEDRONIC ACID, 1 MG	1 mg	217.43			
J7030	INFUSION, NORMAL SALINE SOLUTION, 1000 CC	1000 cc	10.77			
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	500 ml = 1 unit	5.39			
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	5%, 500 ml = 1 unit	9.44			

\* H = Higher



**HCPCS Drug Pricing File**  
Effective April 2003

HCPCS	Description	Unit of Measure	95% of AWP	* Price Change	** Status	*** Obsolete Code
J7050	INFUSION, NORMAL SALINE SOLUTION, 250 CC	250 cc	2.70			
J7051	STERILE SALINE OR WATER, UP TO 5 CC	Up to 5 cc	0.75	L		
J7060	5% DEXTROSE WATER (500 ML = 1 UNIT)	5%, 500 ml = 1 unit	7.51			
J7070	INFUSION, D5W, 1000 CC	1000 cc	11.45			
J7100	INFUSION, DEXTTRAN 40, 500 ML	500 ml	25.11			
J7110	INFUSION, DEXTTRAN 75, 500 ML	500 ml	14.21			
J7120	RINGER'S LACTATE INFUSION, UP TO 1000 CC	1000 cc	12.45			
J7130	HYPERTONIC SALINE SOLUTION, 50 OR 100 MEQ, 20 CC VIAL	50 or 100 mEq, 20 cc vial	0.52			
J7190	FACTOR VIII (ANTHEMOPHILIC FACTOR, HUMAN) PER I.U.	Per I.U.	0.87			
J7191	FACTOR VIII (ANTHEMOPHILIC FACTOR (PORCINE)), PER I.U.	Per I.U.	2.04			
J7192	FACTOR VIII (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	Per I.U.	1.26			
J7193	FACTOR IX (ANTHEMOPHILIC FACTOR, PURIFIED, NON-RECOMBINANT) PER I.U.	Per I.U.	1.12			
J7194	FACTOR IX, COMPLEX, PER I.U.	Per I.U.	0.37			
J7195	FACTOR IX (ANTHEMOPHILIC FACTOR, RECOMBINANT) PER I.U.	Per I.U.	1.12			
J7197	ANTI-THROMBIN III (HUMAN), PER I.U.	Per I.U.	1.25	H		
J7198	ANTI-INHIBITOR, PER I.U.	Per I.U.	1.43			
J7310	GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT	4.5 mg	4750.00			
J7317	SODIUM HYALURONATE, PER 20 TO 25 MG DOSE FOR INTRA-ARTICULAR INJECTION	20 to 25 mg	142.27			
J7320	HYLAN G-F 20, 16 MG, FOR INTRA-ARTICULAR INJECTION	16 mg	233.14	H		
J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	Implant	15162.00			
J7340	DERMAL AND EPIDERMAL TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR	Per sq. cm.	29.30	H		
J7342	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR	Per sq. cm.	15.40	H		
J7501	AZATHIOPRINE, PARENTERAL, 100 MG	100 mg	59.84			
J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTI-THYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 2.250 MG	2.250 mg	290.31			
J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTI-THYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 2.25 MG	2.25 mg	325.09			
J7513	DACLIZUMAB, PARENTERAL, 25 MG	25 mg	425.11			
J9000	DOXORUBICIN HCL, 10 MG	10 mg	42.82	L		
J9001	DOXORUBICIN HYDROCHLORIDE, ALL LIPID FORMULATIONS, 10 MG	10 mg	378.34			
J9010	ALEMTUZUMAB, 10 MG	10 mg	536.27	H		
J9015	ALEDESLEUKIN, PER SINGLE USE VIAL	Per single use vial	699.20			
J9017	ARSENIC TRIOXIDE, 1MG	1 mg	37.05	H		
J9020	ASPARAGINASE, 10,000 UNITS	10,000 units	62.61			
J9031	BCG (INTRAVESICAL) PER INSTALLATION	Per installation	174.63			
J9040	BLEOMYCIN SULFATE, 15 UNITS	15 units	289.37			
J9045	CARBOPLATIN, 50 MG	50 mg	135.97			
J9050	CARMUSTINE, 100 MG	100 mg	127.26			
J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	Per 10 mg	42.74			
J9062	CISPLATIN, 50 MG	50 mg	213.73			
J9065	INJECTION, CLADRIBINE, PER 1 MG	Per 1 mg	53.39			
J9070	CYCLOPHOSPHAMIDE, 100 MG	100 mg	5.98			
J9080	CYCLOPHOSPHAMIDE, 200 MG	200 mg	11.34			
J9090	CYCLOPHOSPHAMIDE, 500 MG	500 mg	23.81			
J9091	CYCLOPHOSPHAMIDE, 1.0 GRAM	1 g	47.64			
J9092	CYCLOPHOSPHAMIDE, 2.0 GRAM	2 g	95.27			
J9093	CYCLOPHOSPHAMIDE, LYOPHILIZED, 100 MG	100 mg	5.82	L		
J9094	CYCLOPHOSPHAMIDE, LYOPHILIZED, 200 MG	200 mg	11.64			

\* H = Higher

**HCPCS Drug Pricing File**  
Effective April 2003

HCPCS	Description	Unit of Measure	95% of AWP	* Price Change	** Status	***Obsolete Code
J9095	CYCLOPHOSPHAMIDE, LYOPHILIZED, 500 MG	500 mg	24.42			
J9096	CYCLOPHOSPHAMIDE, LYOPHILIZED, 1.0 GRAM	1 g	48.86			
J9097	CYCLOPHOSPHAMIDE, LYOPHILIZED, 2.0 GRAM	2 g	97.75			
J9100	CYTARABINE, 100 MG	100 mg	5.94			
J9110	CYTARABINE, 500 MG	500 mg	23.75			
J9120	DACTINOMYCIN, 0.5 MG	0.5 mg	13.87			
J9130	DACARBAZINE, 100 MG	100 mg	12.68			
J9140	DACARBAZINE, 200 MG	200 mg	22.56			
J9150	DAUNORUBICIN, 10 MG	10 mg	80.04			
J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	10 mg	64.60			
J9160	DENILEUKIN DIFTTIX, 300 MCG	300 mcg	1210.30			
J9165	DIETHYLSILBESTROL DIPHOSPHATE, 250 MG	250 mg	14.41			
J9170	DOCETAXEL, 20 MG	20 mg	328.36			
J9180	EPIRUBICIN HYDROCHLORIDE, 50 MG	50 mg	719.78			
J9181	ETOPOSIDE, 10 MG	10 mg	10.45			
J9182	ETOPOSIDE, 100 MG	100 mg	104.50			
J9185	FLUDARABINE PHOSPHATE, 50 MG	50 mg	326.69			
J9190	FLOXURIDINE, 500 MG	500 mg	2.82			
J9200	GEMCITABINE HCL, 200 MG	200 mg	129.57			
J9201	GEMCITABINE HCL, 200 MG	200 mg	121.01			
J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	Per 3.6 mg	446.49			
J9206	IRINOTECAN, 20 MG	20 mg	151.81			
J9208	IFOSFAMIDE, 1 GM	Per 1 g	150.38			
J9209	MESNA, 200 MG	200 mg	36.48			
J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	5 mg	466.59			
J9212	INJECTION, INTERERON ALFA-2A, RECOMBINANT, 1 MCG	1 mcg	4.09			
J9213	INTERERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	3 million units	34.88			
J9214	INTERERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	1 million units	13.50			
J9215	INTERERON, ALFA-N3, (HUMAN LEUKOCYTE DERIVED), 250,000 IU	250,000 IU	8.17	H		
J9216	INTERERON, GAMMA 1-B, 3 MILLION UNITS	3 million units	204.72	L		
J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	7.5 mg	611.56			
J9218	LEUPROLIDE ACETATE, PER 1 MG	1 mg	24.93			
J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	65 mg	5399.80			
J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	10 mg	12.01			
J9245	INJECTION, MELPHALAN HYDROCHLORIDE, 50 MG	50 mg	420.10	H		
J9250	METHOTREXATE SODIUM, 5 MG	5 mg	0.46			
J9260	METHOTREXATE SODIUM, 50 MG	50 mg	5.51			
J9265	PACITAXEL, 30 MG	30 mg	162.17			
J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	Per single dose vial	1427.38			
J9268	PENTOSTATIN, PER 10 MG	10 mg	1926.60			
J9270	PLICAMYCIN, 2.5 MG	2.5 mg	93.80			
J9280	MITOMYCIN, 5 MG	5 mg	96.96			
J9290	MITOMYCIN, 20 MG	20 mg	413.72			
J9291	MITOMYCIN, 40 MG	40 mg	869.34			
J9293	INJECTION, MITOXANTHRONE HYDROCHLORIDE, PER 5 MG	Per 5 mg	266.18			
J9300	GEMTUZUMAB OZOGAMICIN, 5MG	5 mg	2101.88			

\* H = Higher

**HCPs Drug Pricing File**  
Effective April 2003

HCPs	Description	Unit of Measure	95% of AWP	* Price Change	** Status	*** Obsolete Code
J9310	RITUXIMAB, 100 MG	100 mg	475.00			
J9320	STREPTOZOCIN, 1 GM	1 g	136.71			
J9340	THIOTEPA, 15 MG	15 mg	116.97			
J9350	TOPOTECAN, 4 MG	4 mg	729.76			
J9355	TRASTUZUMAB, 10 MG	10 mg	54.95			
J9357	VALRUBICIN, INTRAVESICAL, 200 MG	200 mg	526.68			
J9360	VINBLASTINE SULFATE, 1 MG	1 mg	4.10			
J9370	VINCRISTINE SULFATE, 1 MG	1 mg	33.98			
J9375	VINCRISTINE SULFATE, 2 MG	2 mg	52.16			
J9380	VINCRISTINE SULFATE, 5 MG	5 mg	160.36			
J9390	VINORELBINE TARTRATE, PER 10 MG	10 mg	104.31	H		
J9600	PORFIMER SODIUM, 75 MG	75 mg	2603.67			
K0548	INJECTION, INSULIN LISPRO, UP TO 50 UNITS	Up to 50 units	2.57		D	
P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	5%, 50 ml	27.74			
P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	5%, 50 ml	29.69			
P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	5%, 250 ml	55.10			
P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	25%, 20 ml	24.04			
P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	25%, 50 ml	55.10			
P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250ML	5%, 250 ml	83.13			
Q0136	INJECTION, EPOETIN ALPHA, (FOR NON ESRD USE), PER 1000 UNITS	Per 1000 units	12.69			
Q0183	DERMAL TISSUE, OF HUMAN ORIGIN, WITH AND WITHOUT OTHER BIOENGINEERED OR	Per sq. cm.	14.92			
Q0184	DERMAL TISSUE, OF HUMAN ORIGIN, WITH OR WITHOUT OTHER BIOENGINEERED OR	Per sq. cm.	14.92		D	
Q0187	FACTOR VIA/ COAGULATION FACTOR, RECOMBINANT) PER 1.2 MG	Per 1.2 mg	1596.00			
Q2022	VON WILLEBRAND FACTOR COMPLEX, HUMAN, PER IU	Per IU	0.95		A	
Q3025	INJECTION, INTERFERON BETA-1A, 11 MCG FOR INTRAMUSCULAR USE	11 mcg	85.21	H		
Q3030	SODIUM HYALURONATE PER 20 TO 25 MG DOSE, FOR INTRA-ARTICULAR INJECTION	Per 20 to 25 mg	142.27		D	
Q9920*	Injection of EPO, per 1000 units, at patient HCT of 20 or less	per 1000 units	12.69		A	
Q9921*	Injection of EPO, per 1000 units, at patient HCT of 21	per 1000 units	12.69		A	
Q9922*	Injection of EPO, per 1000 units, at patient HCT of 22	per 1000 units	12.69		A	
Q9923*	Injection of EPO, per 1000 units, at patient HCT of 23	per 1000 units	12.69		A	
Q9924*	Injection of EPO, per 1000 units, at patient HCT of 24	per 1000 units	12.69		A	
Q9925*	Injection of EPO, per 1000 units, at patient HCT of 25	per 1000 units	12.69		A	
Q9926*	Injection of EPO, per 1000 units, at patient HCT of 26	per 1000 units	12.69		A	
Q9927*	Injection of EPO, per 1000 units, at patient HCT of 27	per 1000 units	12.69		A	
Q9928*	Injection of EPO, per 1000 units, at patient HCT of 28	per 1000 units	12.69		A	
Q9929*	Injection of EPO, per 1000 units, at patient HCT of 29	per 1000 units	12.69		A	
Q9930*	Injection of EPO, per 1000 units, at patient HCT of 30	per 1000 units	12.69		A	
Q9931*	Injection of EPO, per 1000 units, at patient HCT of 31	per 1000 units	12.69		A	
Q9932*	Injection of EPO, per 1000 units, at patient HCT of 32	per 1000 units	12.69		A	
Q9933*	Injection of EPO, per 1000 units, at patient HCT of 33	per 1000 units	12.69		A	
Q9934*	Injection of EPO, per 1000 units, at patient HCT of 34	per 1000 units	12.69		A	
Q9935*	Injection of EPO, per 1000 units, at patient HCT of 35	per 1000 units	12.69		A	
Q9936*	Injection of EPO, per 1000 units, at patient HCT of 36	per 1000 units	12.69		A	
Q9937*	Injection of EPO, per 1000 units, at patient HCT of 37	per 1000 units	12.69		A	
Q9938*	Injection of EPO, per 1000 units, at patient HCT of 38	per 1000 units	12.69		A	
Q9939*	Injection of EPO, per 1000 units, at patient HCT of 39	per 1000 units	12.69		A	

\* H = Higher

**HCPCS Drug Pricing File**  
**Effective April 2003**

HCPCS Q9940*	Description	Unit of Measure	95% of AWP	* Price Change	** Status A	***Obsolete Code
	Injection of EPO, per 1000 units, at patient HCT of 40 or above	per 1000 units	12.69			

NOTE: The payment allowances shown for Q9920-Q9940 apply only to physician claims.  
 NOTE: CPT codes, descriptions and other data only are copyright 2002 American Medical Association. All rights Reserved. Applicable FARS/DFARS Apply.  
 NOTE: Although this file may list a drug and an associated Medicare allowed amount, it does not necessarily follow that the drug is covered by Medicare and, if covered, whether payment may be due in a particular circumstance. Medicare contractors separately determine whether a particular drug meets the program's requirements for coverage and, if covered, whether payment may be made for the drug in the circumstance under which it was furnished.

\* H = Higher